# **Exhibit I** Inmate Medical File of Jeffrey B. Sanford Part 2

Filed 08/02/2006 Page 2 of 43 BUREAU OF CLINICAL LABORATOR I.D. NUMBER 696042 86701 HIV SEROLOY 86689 WESTERN BLOT PLEASE USE A BLACK PEN MI Patient's First Name Patient's Last Name Addres Sanford, Jeffery Bernard Apt. Counselor (Initials) Date Collected 3LE State Zip City WESTERN BLOT B/M Results: Indicated by Marked O Negative Negative Indeterminate Phone Not Done O Positive O Positive O Not Done SEX RACE DOB (mmddyyyy) ANALYST INITIALS W Η u M F В Α 0 0 0 0 0 REPORTED L SITE CODE CNTY Provider Mobile Birmingham Address Decatur Montgomery City State Zip Dothan **Social Security Number** Has Patient Had a Previous Positive or Indeterminate County Health Dept. CHR Number Western Blot? <sup>®</sup> No O Yes O Unknown Provider Number Medicaid Number Medicaid Information Yes Patient History Since 1978 of: No 0  $\odot$ Donated Blood, Plasma or Sperm\_\_\_\_\_ Patient Tested: Yes O No O Unk 0 (3) Received Blood Transfusion/Products\_\_\_\_\_ Ō @ (4) Occupational Exposure To Body Fluids \_ \_ \_ \_ \_ Pre-test Counseling: Yes No Unk Hemophilia ..... Reason: Ō @ (4) Possible Perinatal Transmission -----0 History of Sexually Transmitted Disease\_\_\_\_ Re-test: O Yes O No O Unk 0 Non-IV drug use (including alcohol)\_\_\_\_\_ Reason: IV drug use\_\_\_\_\_ Multiple Sex Partners Post-test Counseling: Yes O No O Unk  $\circ$ Exchanged sex for money or drugs\_\_\_\_\_ Reason: Victim of physical abuse or sexual assault\_\_\_ Referral SEXUAL ORIENTATION O Homosexual Heterosexual O Bisexual TB Skin Test: O Yes O No O Unk Reason: Sexual Exposure Since 1978 to a: Yes No Hemophiliac\_\_\_\_\_ **3** Medical/Social Services: O Yes O No O Unk Ō **6** IV Drug User-----Reason: 0 Person With Known HIV Infection/AIDS\_\_\_\_\_ Man Who Has Sex With Men\_\_\_\_\_\_ Partner Notification: O Yes O No O Unk Male Prostitute-----Reason: Female Prostitute If Yes, Due Date Currently Pregnant: O Yes O No If Yes, Date of Last Delivery Pregnant During Previous 5 Years: Yes No I have been informed about the HIV antibody test, the meaning of the possible results, the possible consequences of those results and that the information provided on this form is confidential. Having been so informed, I hereby voluntarily consent to be counseled and, or, tested for the HIV-ab. \*Please see back of form. Signature Witness Flag Land Date 3/3/64

6143316947

Page 3 of 43

Bureau Clinical Laboratories-Mc Igomery

PO BOX 244018, MONTGOMERY AL 36124-4018 Phone:(334) 260-3400 FAX:(334) 274-9800

Reported:

Patient:

Page:

Provider:

TKD JUSTICE CENTER PO BOX 2407

OPELIKA, AL, 36801-0000 (000) 000-0000, UNKNOWN DOCTOR

Accession

4019569

ID:

1023986

D.O.B.: Sex:

Sanford, Jeffery, Bernard

Requisition #: Service Area:

CHR #:

4019569

Collected: 3/30/2006@ Received:

4/ 4/2006 @ 11:05 AM 4/ 5/2006 @ 5:21 PM

MALE Phone: (000) 000-0000 SSN:

Status: Final Report

**Test Name** 

Result

Units

Normal Range

Notes

Serology Results

VDRL, STS Qualitative

Non-Reactive

Alabama Department of Public Health TB TB Division RSA Tower/201 Monroe Street **Skin Test Report** Montgomery, ALabama 36130-3017 CHR#\_ **PROJECT Target Testing** County Code Last Name Sanford, Jeffery Bernard B/M City Home Phone Zip Code State Test Administered By: Site Test: SSN: ( ) TB Staff Health Department SEX: Ø M () F Date of Birth: Other O PH Nurse Race: 0 Other ETHNICITY: Hispanic or Latino: YES ONO Risk Categories: Reason Tested: Foreign Born ( Health Care Worker Contact to Case/Suspect:  $\bigcirc$  A Medical Risk Homeless Jail/Prison YES NO Shelter B Not at Risk Student  $\bigcirc$  C Occupational PPD TWO: PPD ONE: Lot#: Provider#: Provider#: Antigen Antigen Date of Test Date of Test ( ) TU ( ) AP  $\bigcirc$  AP **@**⊾TU

Provider#:

Date Read

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

( ) Not Read

mm

Result

Provider#:

Date Read

INMATE REQUEST SLIP

0			T-X
Name Anice	D Deff	ry Date (	LOCATION
		Dentist	Time Sheet
Telephone Call	☐ Doctor	Dentist	_
Special Visit	Personal Problem		Other
Briefly Outline Your Reque	est. <u>Give To Jailer</u>		
		<del></del>	
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All Request Will Be Routed Those The Request is Direct	Through The Sergeant C	over The Jail, The	n Forwarded To
Lieutenant	☐ Chief Depu	uty	Sheriff
Date	Time Received _		, 
CORRECTION OFFICER _			FORM: LCS-038 (6/99)

## LEE COUNTY SHERIFF'S DEPARTMENT RECORD OF MEDICAL EXAMINATION

(FORM #11)

PF	ART 1. To be completed by Corrections Staff. (Please print clearly)
1.	Inmate's name: Sandford, Definy
2.	Date: 04/07/86
3.	Time: 0745
4.	Reason treatment was needed: I/m on Cyhalipin 500 mg 3 A
	Dental epan 1 Tp.
5.	Did Inmate request treatment? (If yes, place request form in Inmate's file if in writing)
6.	Was inmate transported from the jail?
7.	If yes, to what location? Dr. King's Spice:
8.	Was inmate treated at the jail?
9.	Who examined the inmate?
10.	Corrections Officer's name: Signature:
	Prognosis: <u>Good</u> <u>Streadment</u> Is additional treatment needed? <u>Yes</u> If so, please specify if other than medication:  Extra dion Surg , wisdom teeth
4.	Medication prescribed: Lorda & 7-5 x 6, American
	Special instructions for administration: As passeribed
3.	Other special instructions (restrictions of diet, activity, work, etc; observation orders; other):
-	WILLIAM G. KING, III, D.M.D. 227 E. MAGNOLIA AVENUE AUBURN, AL 36830
	Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)
Ī.	Date! Time Signature

# LEE COUNTY SHERIFF'S DEPARTMENT SPECIAL REPORT.

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Subject: Sanford	d Geffery	Opelika, Ala.,	CDC	
To the Sheriff of Lee Cou		•		
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•	PO BOX 2407 OPELIKA, AL 36803-240			
saigned to	UPELIKA, AL 36803-240			

		F-4
Name Jeff	SANFORD	LOCATION Date 4-2-06
Telephone Call		Dentist Time Sheet
Special Visit	Personal Problem	Hother NURSE
Briefly Outline Your Requ	uest. <u>Give To Jailer</u> <u>Nevol Somë pa</u>	eks of
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Do Not Write Below This	Line - For Reply Only  OU Sick COOP	today Milos
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All Request Will Be Route Those The Request is Dire	d Through The Sergeant Over Thected.	e Jail, Then Forwarded To
Lieutenant	☐ Chief Deputy	Sheriff
Date	Time Received	
CORRECTION OFFICER		
	•	FORM: LCS-038 (6/99)

Case 3:06-cv-00327-MHT-DRB

Document 15-12 Filed 08/02/2006 Page 9 of 43

I.MATE REQUEST SL...

		F-4
Name Jeff	SANFORD	LOCATION
Telephone Call	_	Dentist Time Sheet
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Briefly Outline Your Requ	est. <u>Give To Jailer</u> <u>New Some</u>	packs of
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All Request Will Be Routed Those The Request is Dire		The Jail, Then Forwarded To
Lieutenant	☐ Chief Deputy	Sheriff
Date	Time Received	
CORRECTION OFFICER _		FORM: LCS-038 (6/99)

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Rehabilitative Potential

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By: Title: CPA Date:

DENT SAHARA JEHRY

D.O.B. Sex Room Patient Code Date

### NEWTON MEDICAL CENTER 5126 HOSPITAL DRIVE, NE **COVINGTON, GA 30014**

HEALTH INFORMATION MANAGEMENT

FAX (678) 625-2068 PHONE (770) 385-7817 FACSIMILIE TRANSMISSION COVERSHEET

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7.000	. FIRD, JEFFER	Y
Newton General Hospital	" AICKL . JOHN	
EMERGENCY PHYSICIAN RECORD	C: 123/2025 6	
Abdominal Pain / Flank Pain (5)	Jeffery Banton	- RIFIE
TIME SEEN: 13:50 ROOM: FT 2 _ EMS Arrival	RO\$2/30/1965	
	Glaci	CONST
HISTORIAN: patient spouse paramedics	constipation	fever
_HX / _EXAM LIMITED BY:	last BM:	chills
HPI	black / bloody stools	NEURO / EENT
chief complaint: abdominal pain vomiting	GU : -	headachesore throat
flank pain (R/L) diarrhea	bloody / dark urine	I blurred vision
	frequent / painful urination	CVS / PULMONARY
atanda Mala 2 1 G / AMI Mar 1		cough
started: Valored		trouble breathing chest pain
	FEMALE REPRODUCTIVE	MS/SKIN
	LNMP"	skin rash
	vaginal dischargeabnormal bleeding	joint pain(s)
time course:   constant waxing / waning sudden-onset		all systems neg. except as marked
still present	- L	P Lian systems neg. except as marked
better intermittent episodes lasting intermittent pisodes lasting		2
lasted: worse / persistent since		
quality: location:	PAST HXnegative	
quality: location:	peptic ulcer	abdominal aneurysm
aching	documented? yes no	pancreatitisdiverticulitis
dull	kidney stone(s)	ovarian cyst(s)
burning	bladder / kidney infection	pelvic infection
cramping	heart diseasediabetes insulin / oral / diet	high choiesterolhigh blood pressure
sharp	GERD	+HIV / AIDS
stabbing Stabbing		
fullness (m) \ \ / \ \ / \ \ / \ \ \ \ \ \ \ \ \ \	other problems ( pin / )	NAN T ( MAN)
migration (show migration: — m )		
associated with: vomiting		· · · · · · · · · · · · · · · · · · ·
loss-of appetite bloody blood-streaks coffee-grounds		
nausea diarrhea	Surgeries / Procedures none / noncontributory	tonsillectomy
blood streaks grassly bloody mucous	cholecystectomy1	bilat tubal ligation
acyceits are a secondarial by	appendectomy	hysterectomy
severity: exacerbated by: relieved by: supine supine	endoscopyi_	cardiac bypassi
maximum (1-10) supine s	- 16emporter according	72%
severe movements / walking remaining still	1)1200000	
when seen in ED cough / deep breaths antacids food	- Maring to	
nothing ( nothing	Medications none see nurses no	te Allergies NKDA
mild moderate	ASA NSAID acetaminophen	see nurses note
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	FAMILY HX gall stones ovarian	cysts CAD ulcer 1
	kidney stones	

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EMERGENCY DEPARTMENT RECORD Physician Order Sheet

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# NEWTON MEDICAL CENTER VC 0 124 38 431

EMERGENCY DEPARTMENT NURSING RECORD 1184685 ACUITY CODE I (II) III (Circle One) . FORD , JEFFERY

DATE NAME  ARRIVED BY: Walked Carried C  VITALS: Sitting B/P  C/O:	THEOD,	3/03/	401	AGE NE	DOB A PROPERTY OF STREET
DATE	TWO DEMS	Hillstoff & S.	Pain Scale	/10 H/C 3 3	CM, WT CF(1) FLB
ARRIVED BY: Walked Claimed L		18 30.5		San Spading F	rp / P
VITALS: Sitting B/P	P		(Circle One)	Sport 12 / 3 John John J	1200
C/O: 12/1/2000 16/6/6		<u> </u>		<u> </u>	Colombia Colombia
ALLERGIES: NKA Latex C	Iodine/Contrast	PCN □Sulfa □	Codeine	TB SCREENING: Unable	to assess ore than 3 weeks: Yes KNo
		MEDICATIONS:		If yes, have you been expose	
	sion	None			:t? ☐ Yes ☐ No Results: + / -
☐ Cardiac ☐ Cancer ☐ See list ☐ Diabetes			district	Significant weight loss: Y	es 🗌 No: Fever: 🗎 Yes 🗍 No
Lung Diabetes		Hemoptysis: Yes No;	Night Sweats: Yes No		
Neuro TREATMENT PRIOR TO ADMISSION:					MISSION:
□ Surgery	* Marie Halai	200 600 60 CO	1	IV:ASA:	NTG: 02: NP S S SpO2: 77
Last Menstrual Period: 2004 13.1		M:A:	<del></del>		
TETANUS: ☐ Unknown ☐ <5years ☐ >5	BG: Back B	oard C-Collar splinting			
IMMUNIZATIONS: Up to date					
2 3 4 5 6 7	8 9	INTEGUMENTARY:	□WNL	NEEDS ASSESSMENT:	
		Cool Hot D	Pale	Communication: Languag	e barrier Dother:
		☐ Diaphoratic ☐ C	vanotic	Primary Language:	
Pupil Size: Rmm L mm				Interpreter: Family Frie	
Pupi! Reaction: Rmm L mm	_	GCS		Psychosocial: Assist with Hearing: Impaired 0	
Visual AcuityBo		risk ☐Slu		Vision:   Impalied   0	
Aight Eye Left E	ye △ □Eo	qual/round	nreactive.	Religious Needs:	
TRIAGE NURSE:	A Land	TIME:	1/4/4	Ç PMD:	The skill
AIRWAY:	HEAD- TWNI		MUSCULO	SKELETAL: WNL	ABDOMEN: WNL
☐ Clear ☐ Obstructed ☐ Artificial	HA		1814		Bowel sounds:
BREATHING:	Description:			<u>emities</u> R L	Decreased
☐Unlabored ☐ Labored	Location:	14.5	Contusion	Marie 6' 1 to	Absent
☐ Retractions ☐ Stridor ☐ Assisted	EYE: WNL	••	Abrasion _	Control of the Contro	Soft Firm
Breath Sounds:	☐ Sclera	Carlotta Comment	Laceration	All profession is a second of the second of	☐ Rigid ☐ Distended ☐ Tender ☐ Nausea ☐ Vomiting ☐ Diarrhea
	Drainage		2	**	Other:
·	Blurred Vision _		Other:		GU/GYN: WNL
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Diminished:	Other	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Contusion _		Discharge/bleeding:
Absent:	NOSE: WINL	] Injury	Abrasion _		Pregnant: Yes No
CIRCULATION: WINL	☐ Bleeding/Draina	ge	Laceration_		EDC:bpm
Radial: 0 1 2 3 Carotid: 0 1 2 3	Other		Swelling		Location:
Heart Tone: Clear Muffled			Deformit		PEDIATRIC:
	NECK/THROAT: [	] WNL			
☐ Jugular Vein Distention	NECK/THROAT: ☐ Nuchal Rigidity ☐				Consolable Playful A ert
	Nuchal Rigidity []		Other	itable   Linstable	☐ No eye contact ☐ Inconsolable
☐ Jugular Vein Distention	Nuchal Rigidity		Other	itable   Linstable	
☐ Jugular Vein Distention Edema: ☐ ÑA ☐ L ☐ R ankles / legs	Nuchal Rigidity (1)  CHEST: (1) WNL  Contusions (1)		Other	itable 🔲 Unstable Back	☐ No eye contact: ☐ Inconsolable Fontane:les:
☐ Jugular Vein Distention  Edema: ☐ NVA ☐ L ☐ R ankles / legs  Other:  Capillary refill: time	Nuchal Rigidity  CHEST: WNL Contusions Abrasions	Yes □ No	OtherS	itable 🔲 Unstable Back	☐ No eye contact ☐ Inconsolable Fontane:les:
☐ Jugular Vein Distention  Edema: ☐ NVA ☐ L ☐ R ankles / legs  Other:  Capillary refill: time ☐ sec  NEURO: ☐ Alert and Oriented x	Nuchal Rigidity (1)  CHEST: (1) WNL  Contusions (1)	ýes □ No	OtherS	table 🔲 Unstable Back	☐ No eye contact. ☐ Inconsolable Fontane:les:
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☐ Jugular Vein Distention  Edema: ☐ NVA ☐ L ☐ R ankles / legs  Other:  Capillary refill: time	Nuchal Rigidity \( \bigcup \) CHEST: \( \bigcup \text{WNL} \) Contusions Abrasions Lacerations Deformity Radiation: Other: Cough: \( \bigcup \text{Production} \)	yes □ No.	Other Selection	table Unstable Back	No eye contact ☐ Inconsolable Fontane:les:
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General Appearance	•	The state of the s
no acute distress	mild / moderate / severe distress	
alert	mild / moderate / severe distress _anxious / lethargic	
	IV	in the second se
EENT	scleral icterus / pale conjunctivae	TARE EVE 9 VRAVE
eyes inspection nml	pharyngeal erythema	LADO, LIVO d'ANATO
ENT inspection nml	abnml TM / hearing deficit	CBC Chemistries UA
pharynx nml		Human parcet
NECK	thyromegaly	
	lymphadenopathy (R / L)	CCDT CCDT
nml inspection		1116
RESPIRATORY	wheezing	
∠no resp. distress	rales / rhonchi	segs US Gluc X BHCG / Qual.
/breath sounds nml		bands BUN thi serum / urine
ÇVS	irregulariy irregular rhythm	lymphs 301 Creat I.O. preg
regular rate, rhythm	_tachycardia / bradycardia	monos Ca 9, 4 POS NEG
heart sounds normal	JVD present	EKG MONITOR STRIP NSR Rate
_	_gallop ( 53 / S4 )	
	murmur grade/6 sys/dias	EKGNMLRead by meRead by Dr
	decreased pulse(s)	NSRnml intervalsnml axisnml QRSnml ST/T
	R carotdfemdors ped	Probable on the Control of Contro
	L carotd fem dors ped	not I changed from:
	L carotto Jern dors ped standard	XRAYS- Read by me Read by Dr.
T = tenderness		KUBUpright abdZ-viewCXR pa lat ap
G=guarding		
R = rebound		
m = mild		no infiltratesnml heart sizenml mediastinum
mod = moderate		not / changed from QAROSE1- WN
Sy = Sovere -		IVP-
Example-		i ct
Tav= sev. tenderness	例、工厂的 例 一个	UltrasoundnmlGB stones / pericolic fluid / thick GB wall
L		dilated common ductabnml pancreas / aorta / pelvic / appendix
ABDOMEN	distention	
soft	tenderness him culd	Pulse Ox% on RA/L/% at (time)
non-tender	guarding / rebound	PROGRESS:
no organomegaly	hepatomegaly / splenomegaly / mass	Time unchanged improved re-examined
ngal bowel sounds	abnormal bowel sounds	
no pulsatile mass	increased / decreased / absent / tympanic	
	prominent aortic pulsations	Discussed with Dr. Time
		will see patient in: office / ED / hospital
		- 注象に使わらい シャー・ルー
		The Control of the Co
PELVIC EXAM	vaginal bleeding / discharge	Counseled patient / family regarding:CRIT CARE- 30-74 min
_external exam nml	cervical motion tenderness	lab results diagnosis need for follow-up 75-104 min min
speculum exam nml	_adnexal tenderness (R/L)	Additional history from:
bimanual exam nml	enlarged / tender uterus	Prior records ordered family caretaker paramedics
	_adnexal mass ( R / L )	· LT Line in the company of the comp
		CLINICAL IMPRESSION:
MALE GENITAL	tenderness / swelling_testicular / inquinal	Abdominal Pain - acute Appendicitis - acute
_normal inspection	The way	Vomiting April Aneurysm - ruptured
RECTAL /	black / bloody / heme pos. stool	Ureterolithlasis / Renal Colic R/L M.I. / Angina / Mesenteric Ischemia
non-tender \;	tenderness	U.T.I. / Pyelonephritis - acute Bowel Perforation / Obstruction
heme neg stool	Test 100	Gastroenteritis / Gastritis ocute Pancreatitis - ocute
		Peptic Ulcer Disease Cholecysticis-w/cholelithiosis / ocalculous
	CVA tenderness (R/L)	Pelvic Inflammatory Disease Biliary Colic
_normal inspection		Ovarian Cyst ruptured torsed Diverticulitis - acute
skin	_cyanosis / diaphoresis / pallor	GERD
_color nml, no rash	skin rash	
<u>∕</u> warm, dry		I, the Physician, have evaluated the patient and the work-up and agree
EXTREMITIES	pedal edema	with the PA's documentation.
non-tender	calf tenderness	•
normal ROM		
<del>-</del> /		
_no pedal edema		
NEURO / PSYCH	_disoriented_to: person / place / time	And the second s
oriented x3	_depressed affect	
_mood / affect nml	_facial droop / EOM palsy / anisocoria	PA PA
_CN's nml as tested	weakness / sensory loss	1118 KITE 1/2 1/2 / 1/2/2/
_no motor / snsry deficit _	· · · · · · · · · · · · · · · · · · ·	MD
		Template Complete
Abdominal Pain - 36	Dans of E	
	Page 2 of	

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/	PASE	112	111	2	NIT	. A	el m	US-	Ų.	9	_	_					
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Case 3:06-cv-00327-MHT-DRB Document 15-12 Filed 08/02/2006 Page 17 of 43 e of Georgia - Patient Care Rej 1 Use Blue/Black Ink - Press Firmly

Service	Name Newhole		1V15		Sen	rice # 2/4	Response # Today's Date
Incident	Location		Spill	244 0	·/		Transported To NAVOOO124034
P Pa	tient Last		2,5110	First		МІ	Personal MD きつつしゃ46台名
	eet Addres						Responsible Party Phone. Street Address If E CALL OF FERY
N Git	y (OV	700		State	Zip (	Code DOV	Street Address FEGUICKI, JOHN MOTOR
T Pho	one		Ag	e DOB		_ Ge	nder City 4/23/28tates Zip Gode
	cial Securi	ív#	C <sub>i</sub>	Hos	p. Recor	<u> </u>	39 STIP 44- 12
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CURR	ENT ME	DICATIO	4S	□ None Kne	own .		mobilism. Alece, France Testage 12
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TIME	EMT#	PULSE	RESP	B/P	Sa02	NEURO	ORDERS - TREATMENT - RESPONSE - Rx - EKG
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Physic	cian's Signa	ature	4		, į	)ate	Medic 1 Certification and Number
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	_				٠.		Medic 2 Certification and Number

## **NEWTON GENERAL HOSPITAL**

COVINGTON, GEORGIA 1 23 in the first of the

PT NAME: SANFORD, JEFFERY

ROOM-BED:

AGE: 39

SEX: M

MR NUMBER: M000184685 PT NUMBER: V00012408431

TO SUBMINIST AND BEAR BUILDING

PT Status: DEP ER

JOB# 350898

XRAY # 143391

ACUTE ABDOMEN SERIES: 04/23/05

INDICATION: Abdominal pain and blood in stool.

CHEST:

A single frontal view of chest was obtained

The cardiovascular structures, lungs and thoracic skeleton are unremarkable for age.

#### **IMPRESSION:**

NORMAL CHEST FILMS.

#### ABDOMEN:

Upright and supine views of abdomen show air-filled loops of small and large bowel without distention. An occasional air-fluid level is present. No free air is noted in the peritoneum. The psoas outlines are obscured. No mass is identified. Several calcifications in the pelvis are probably representing Pagasi a ca phleboliths. Bones are normal.

#### **IMPRESSION:**

A NONSPECIFIC BOWEL GAS PATTERN.

<Electronically signed by ALMASS N WELJI MD>

WELJI, ALMASS N MD

WELAL/MBAILEY D:04/24/05 T:04/27/05 # 0427-0030

RADIOLOGY REPORT

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Medical Records Medical Records' copy

Page 1 of 2

PAGE 1

RUN DATE: 04/23/05 RUN TIME: 1442 .

Newton General Hospital

5126 Hospital Drive

Covington, Georgia 30014

Jo Marie Lyons, MD, Laboratory Director

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and the state of the state of

Name: SANFORD, JEFFERY

Age/Sex: 39/M Attend Dr: KROWICKI, JOHN A MD

Acct#: V00012408431 Unit#: M000184685 Status: REG ER Location: ER

Reg: 04/23/05 Disch:

DOB:

Specimen: 0423:H00059S Collected: 04/23/05-1414 Status: COMP Req#: 00229598

The state of the s

Received: 04/23/05-1414 Subm Dr: KROWICKI, JOHN A MD

FAX TO:

Ordered: CBC

Comments: Comments to Phlebotomist: ER FT 2

Test	Result	Flag	Reference
COMPLETE BLOOD COUNT	· · · · · · · · · · · · · · · · · · ·	1: 1	
> WHITE BLOOD COUNT	6.1	1 1	4.5-11.0 K/mm3
RBC	4.10	]  <u>r</u>	4.60-6.20 M/mm3
> HEMOGLOBIN	13.2	L	13.5-17.5 g/dL
HEMATOCRIT	38.4		41.0-53.0 %
> MCV	93.6		80.0-100.0 fl
> MCH	32.2	H	27.0-31.0 pg
MCHC	34. 4. 2. 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	~i i	31.0-37.0 g/dL
RDW .			11.5-14.5 %
PLATELET COUNT	221.0		150.0-350.0 K/mm3
	7.6		fù
	45.4		40-70 %
AUTO NEUT AUTO LYMPH	39.5	.i i	22-44 %
******	11.5	⊓ <sub>H</sub> i	2-8 %
7770 700	3.0		1-5 %
7.TTO 77.00	0.6	i : i	0-3 %
NRBC %	0.0		0.0-1.00

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Filed 08/02/2006 Page 20 of 43

PAGE 1

RUN DATE: 04/23/05 RUN TIME: 1459

Newton General Hospital 5126 Hospital Drive Covington, Georgia 30014

Jo Marie Lyons, MD, Laboratory Director

Name: SANFORD, JEFFERY

Age/Sex: 39/M

Attend Dr: KROWICKI, JOHN A MD

Acct#: V00012408431 Unit#: M000184685 Status: REG ER Location: ER

DOB:

Reg: 04/23/05

Disch:

त्र के प्राप्त के किया है। जिस्से के क्षेत्र के किया है कि किया है। किया की किया की किया की किया की किया की कि किया किया किया किया किया किया की किया

Specimen: 0423:C00070S Collected: 04/23/05-1414 Status: COMP Req#: 00229598

Received: 04/23/05-1414 Subm Dr: KROWICKI, JOHN A MD

FAX TO:

Ordered: BMP, AMYLASE, LIP

A STATE OF THE STA Comments: Comments to Phlebotomist: ER FT 2

Test	Result	Flag	Reference
BASIC METABOLIC PANEL  SODIUM LEVEL  POTASSIUM LEVEL  CHLORIDE LEVEL  CARBON DIOXIDE  GLUCOSE  BUN  CREAT SERUM  CALCIUM LEVEL  AMYLASE LEVEL	143 3.4 108 29 81 14 1.0 9.4 75 271		135-146 MMOL/L 3.5-5.0 MMOL/L 98-107 MMOL/L 22-31 MMOL/L 75-110 mg/dL 9-21 mg/mL 0.8-1.5 mg/dL 8.4-10.1 mg/dL 30-110 U/L 114-286 U/L

PAGE 47

RUN DATE: 04/24/05 RUN TIME: 0032

Newton General Hospital 5126 Hospital Drive Covington, Georgia 30014

Jo Marie Lyons, MD, Laboratory Director

Τe	est		Result	Flag	Reference
	MCV	1	93.6		80.0-100.0 fl
	MCH	ir	32.2	Н	27.0-31.0 pg
	MCHC		34.4		31.0-37.0 g/cL
	RDW	İ	14.1		11.5-14.5 %
	PLATELET COUNT	.	221.0		150.0-350.0 K/mm3
	MPV	į	7.6		fL
	AUTO NEUT	i .	45.4	· i	40-70 %
	AUTO LYMPH	j	39.5		22-44 %
	AUTO MONO		11.5	Н	2-8 %
	AUTO EOS		. 3,0 (en		1-5 %
	AUTO BASO	· i	0.6		0-3 %
	NRBC %		0.0		0.0-1.00

Control of the Contro

CONTINUED ON NEXT PAGE \*\*

Case 3:06-cv-00327-MHT-DRB Document 15-12 Filed 08/02/2006 Page 22 of 43

Newton General Hospital

PAGE 1

RUN DATE: 04/23/05 RUN TIME: 1532

5126 Hospital Drive Covington, Georgia 30014

Jo Marie Lyons, MD, Laboratory Director

Name: SANFORD, JEFFERY

Age/Sex: 39/M Attend Dr: KROWICKI, JOHN A MD

Acct#: V00012408431 Unit#: M000184685 Status: REG ER Location: ER

04/23/05 Disch: Reg:

DOB:

Specimen: 0423:CM00010S Collected: 04/23/05-1414 Status: COMP Req#: 00229598

Received: 04/23/05-1414 Subm Dr: KROWICKI, JOHN A MD

FAX TO:

Ordered: BNPEP

Comments: Comments to Phlebotomist: ER FT 2

Result Flag Reference B-NATRIURETIC PEPTIDE ASSAY Local Cympathic Large B-NATRIURETIC PEPTIDE ASSAY 6.1 0-100 TOK THE THE SERVICE SHEET SHEET THE > BNP INTERNAL QC

> and the war in a paper wear as the

Control of the Contro

e de Maria Service for . .

\*\* END OF REPORT \*\*

MATERIAL STORY



### SHERIFF OF LEE COUNTY



### JAY JONES

P.O. BOX 2407 OPELIKA, AL 36803-2407 PHONE (334)737-3582 FAX (334)737-3574 E-MAIL: LCSO@MINDSPRING.COM

FACSILILE COVER SHEET
DATE: 2 15 DO
ATTN: Medical Records Newton Medical Center
FROM: NUVERY DEPT ORT 3590
MESSAGE:
•

NUMBER OF PAGES INCLUDING COVER SHEET 2

# (678) 625-2068



Case 3:06-cv-00327-MHT	-DRB Document 15-12 Filed 08/02/2006 Page 24 of 43
(check all that apply):	
() use the following health information maintained by Lee County Sheriff's Office.	disclose the following health Information to: LEE COUNTY SHEHIFF  2311 GATEWAY DRIVE OPELIKA, AL 36803  (Yobtain the following health information from:  FANC  Now & Comes Houp EX
Specific description of the health inf service. etc.):	ormation to be used/disclosed/obtained sinclude dates of service, type of all importantion after
abd fach	ν
"At the request of the individual"):	osed/obtained for the purpose (if Authorization requested by the patient put:
immunodeficiency virus test results,	
remuneration for the disclosure of he	poses, will the Lee County Sheriff's Office directly or indirectly receive walth information? Yes No N/A
By providing this Authorization, I un	derstand as follows:
payment obligations will not be affect	is voluntary. I may refuse to sign this Authorization and my treatment and/or ted.
and/or payment obligations v  2. I understand that the health	information to be released may be subject to re-disclosure by the recipient of
3 I understand that I may revo	o longer protected by the Federal Privacy Rules. ke this Authorization at any time by notifying the Lee County Sheriff's Office not have any effect on uses or disclosures prior to the receipt of the revocation.
<ol> <li>I understand that I will received.</li> <li>I understand that this Author following event (if for research).</li> </ol>	ve a copy of this Authorization form after I sign it.  rization will expire on / / O (MM/DD/YR) or upon the  -ch put "None" or "End of the research  If an
study"):expiration date is not chosen.	this authorization will cease to be valid 90 days from the date of signature.
Men B. Dank	and Dr. Tel 7,00
Signature of Patient or Patient Repre	sentative Date
V Z)	
Printed Name of Patient's Representa	tive (if applicable)
Representative's Relationship to Patie	ent (if applicable)
LEE COUNTY SHERIFF'S OFFI	
PATIENT AUTHORIZATION FOR AND/OR DISCLOSURE OF PROTEC HEALTH INFORMATION	USE PATIENT NAME: Sayand Gengery CTED
· .	social security no. 34
	DATE OF BIRTH



# MEDICAL INFORMATION TRANSFER FORM Confidential Medical Data

KILBY CORRECTIONAL FACILITY	i In	mate's Na	ame <u>: S</u>	cofard,	Jeffen	Bernard
(Ag≼nay) P.O. BOX 125		√a:				
MT. MEIGS, AL 36057-0125	D.C	D. B.:	11		ID# . Sig	
LEE COUNTY DETENTION CENTER		nsori Cem nt Name.		Rurle	1 200	
(inathuses) P.O. BOX 688	•	nalure: .	-		On-	
(Address)	Dat	•		08/12/0	3	
(Helispatians)					<del>Majalan Majalan Januaran</del>	
HCAL PROBLEM(S)	TRE	EATMENT	S/MEDI	CATIONS		· ·
					•	• • •
None	<u> </u> -	No	ne.		<b>.</b>	•
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14:	TE SKI CXR:	n Text:	NEG. NEG	POS POS	Date	
n; Yes No Unknown	Test			Treated	Date	
tb Data:	VDRL:	NEG NEG	<del>7</del> 03 703	Yes No		
	GC: . Other: _	NEG	POS	Yes No		
Receiving institution —	Medic	sal File —	~			•



lcso@mindspring.com

# SHERIFF OF LEE COUNTY **JAY JONES**

PO. BOX 688 OPELIKA, AL 36803-0688



Phone (334) 749-5651 Fax (334) 749-4835

#### ATTENTION NURSING

I JEHER J SANTORO HEREBY GIVE MY
CONSENT FOR E.A.M.C.
TO RELEASE ANY AND ALL MEDICAL INFORMATION PERTITENT
TO MY MEDICAL HISTORY TO LEE COUNTY SHERIFF DEPART-
MENT.
PATIENT/INMATE SIGNATURE  DOB

ADDRESS: LEE COUNTY SHERIFF DEPARTMENT

DATE

JAY JONES, SHERIFF POST OFFICE BOX 688

OPELIKA, AL.

36804

03/28/2006	10:14:37	INMATE	SHERIFF'S ( BOOKING SH	EET			PAGE	1
BOOKING NO: 0	======================================	======	=======	=======	======	=====	======	=
ALIAS: ALIAS: ADDRESS: 1 CITY/ST/ZIP: (	SANFORD JEFFERY BE	RNARD		HT: WT: COMPLEX:	B 6'01" 255	HAIR: EYES:	BLK	
DOB:  PLCE BIRTH: 1 STATE: 1 M. STATUS: RELIGION: C GANG ASSOC: N SCARS/TATTOOS: KNOWN ENEMIES: REMARKS:	INDIANAPOLLIS IN CHRISTIAN IONE NONE NONE NONE NONE		OF KIN	DL ST: SID: LOCID:	AL	DLN:		•
NEXT OF KIN: ADDRESS: CITY/ST/ZIP: REMARKS:	JOAN FOREMAN SAA ,			RELATIONS PH	ONE: 00	0-864-		
ADDRESS: CITY/ST/ZIP: PHONE:	N SOUTHERN UNION OPELIKA, AL 36801 334-745-0325		ER INFO					
MEDICAL NEEDS: PHYSICIAN: REMARKS:	Y NEEDS: N SMOKE: N	PHO	ICAL  ONE: 000-00  WASP STING	00-000			-,	_
REMARKS:						· 		
CASH: DESCRIPTION: DD. PROPERTY: DD. PROPERTY: DD. PROPERTY: BIN NUMBER: EH IMPOUNDED: IMPOUND LOT: REMARKS: REMARKS:	\$00.00 STREET CLOTHES,LIG	HTER, KE	YS,BELT, (S	ILVER WATC	н)			
HAVE READ THE	ABOVE ACCOUNTING NEY, AND OTHER PRO	OF MY P	ERSONAL IN	FORMATION,	MEDICA	ΔL		
MATE:		DATE	C:	TIME:				
OK OFFICER:	· · · · · · · · · · · · · · · · · · ·	DATE	G:	TIME:				

LEE COUNTY SHERIFF'S OFFICE 03/28/2006 10:14:37 INMATE BOOKING SHEET

PAGE

PHONE: 000-000-0000

2

BOOKING NO: 060001328 INMATE NAME: SANFORD JEFFERY BERNARD

COURT: CIRCUIT ATTORNEY ON REC: JUDGE: DENSON PHONE:

REMARKS: REMARKS:

-------

BOOK DATE: 03/13/2006 BOOK TIME: 07:23 BOOK TYPE: NORMAL

ARREST DATE: 03/13/2006 BOOKING OFFICER: DOWDELL S

ARREST DEPT: LCSO CELL ASSIGNMENT: F4

ARRST OFFICER: MARTINEZ MEAL CODE: 01 LEE COUNTY PROJ. RLSDATE: 00/00/0000 FACILITY: 01 COUNTY JAIL

SEARCH OFFCR: CPL.COWHICK CLASSIFICATION:
TYPE SEARCH: DRESSED OUT WORK RELEASE: N

INTOX RESULTS: SOBER

HOLDS: N

AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:
AGENCY: REASON:

NOTES: NOTES: LEE COUNTY SHERIFF'S OFFICE

03/28/2006 10:14:37 INMATE CHARGE SHEET PAGE \_\_\_\_\_\_

BOOKING NO: 060001328 INMATE NAME: SANFORD JEFFERY BERNARD

\_\_\_\_\_\_

CHARGE NO: 1 DISPOSITION: DROPPED HOLD: N

# OF COUNTS: ALA STATUTE: WARRANT #:

OFFENSE: CASE #: CC2006-000037.00

FINE: \$0.00 BOND AMT: 0

BAIL AMT: 0

INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 03/13/2006 ARST AGENCY: LCSO ARST OFFICR: MARTINEZ COUNTY: LEE

COURT: CIRCUIT JUDGE: DENSON

DEF ATTORNY: DIST ATTORNEY:

COMMENTS: COMMENTS: COMMENTS:

CHARGE NO: 2 DISPOSITION: OPEN HOLD: N

ALA STATUTE: CC06-37 # OF COUNTS: 0

OFFENSE: THEFT II WARRANT #:

CASE #: CC06-37

BOND AMT: 3000 FINE: \$0.00 BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 03/14/2006 ARST AGENCY: BAD BOYZ

ARST OFFICR: CORY MARADUKE COUNTY: LEE

COURT: JUDGE: DENSON

DIST ATTORNEY: DEF ATTORNY: COMMENTS:

COMMENTS: COMMENTS:

300K OFFICER:

LEE COUNTY SHERIFF'S OFFICE 02/01/2006 10:38:42 MEDICAL SCREENING FORM	PAGE 1
Booking No: 060000564 Date: 02/01/2006 Time: 10:29 Type: NORMAL Agency to Bill: LEE COUNTY Facility: COUNTY JAIL	
Inmate Name: SANFORD JEFFERY BERNARD Race: B  DOB: 12/07/1005 Age: 40 SSN: Height: 6'01"	Sex: M Weight: 255
1. Is inmate unconscious?	
2. Does inmate have any visible signs of trauma, illness, of and bleeding, requiring immediate emergency or doctor's	obvious pain care?
3. Is there obvious fever, swollen lymph nodes, jaundice or evidence of infection that might spread through the fact	r other ility?
4. Any signs of poor skin condition, vermin, rashes or need	
$\mathcal{N}$ 5. Does inmate appear to be under the influence of drugs or	r alcohol?
6. Any visible signs of alcohol or drug withdrawal?	
7. Does inmate's behavior suggest the risk of suicide or as	ssault?
8. Is inmate carrying any medication?	
9. Does the inmate have any physical deformities?	
10. Does inmate appear to have psychiatric problems?	
11. Do you have or have you ever had or has anyone in your fewer had any of the following?	family
Allergies f. Fainting Spells k. Seiz	zures
b. Arthritis $g$ . Hearing Condition $\frac{\mathcal{N}}{1 - \mathcal{N}_0}$ 1. Tube	erculosis
h. Hepatitis	ers
79 d. Diabetes	ereal Disease
e. Epilepsy / j. Psychiatric Disorder / o. Othe	er (Specify)
Other:	
	The state of the s

12. For females only:

a Are you pregnant?

b. Do you take birth control pills?

07/18/2003	14:15:28	Í	MATE B	OOKING	s OFFI			PAGE 1
BOOKING NO: 0							======	=======
CITY/ST/ZIP: HOME PHONE: DOB: PLCE BIRTH: STATE: M. STATUS: RELIGION: GANG ASSOC: SCARS/TATTOOS	OPELIKA, AL OPELIKA, AL INDIANAPOLL IN MARRIED CHRISTIAN NONE : NONE	36801 AGE: 37	ARD .		COMPI S DL S	ACE: B HT: 6'01 WT: 255 LEX: SSN: AL SID: ZID: 3823	" HAIR: EYES:	BLK BRO
KNOWN ENEMIES: REMARKS:								
NEXT OF KIN: ADDRESS: CITY/ST/ZIP: REMARKS:	SAA	ANFORD			RELAT		WIFE 000-000	
	Y SANFORD& S	L 36801 00	'RACTOR	1				
HANDICAPPED: GLASSES: ÆDICAL NEEDS: PHYSICIAN:	Y NEEDS: N SMOKE:	N N			-000-000			
REMARKS: REMARKS:	ALLERGEIC	ro pennci	LLIN,	WASP ST	INGS, BEI	E STINGS		
			PROPE	RTY				
CASH: DESCRIPTION: DD. PROPERTY: DD. PROPERTY: DD. PROPERTY: BIN NUMBER: EH IMPOUNDED: IMPOUND LOT: REMARKS: REMARKS:	PAPERS, BL		DER W/C			G, KEYS		
HAVE READ THE NFORMATION, MO	ABOVE ACCO			RSONAL D I FIN	INFORMAT ND IT TO	ION, MED	ICAL	
OOK OFFICER:	Den Am	value	DATE	\ <b>:</b>	TI	ME:		•

07/18/2003 14:15:30 LEE COUNTY SHERIFF'S OFF 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Booking No: 030003117 Date: 07/18/2003 Time: 13:56 Type: NORMAL Agency to Bill: LEE COUNTY Facility: COUNTY JAIL
Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M  DOB: Age: 37 SSN: 3 Height: 6'01" Weight: 255
1. Is inmate unconscious?
2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
4. Any signs of poor skin condition, vermin, rashes or needle marks?
5. Does inmate appear to be under the influence of drugs or alcohol?
6. Any visible signs of alcohol or drug withdrawal?
7. Does inmate's behavior suggest the risk of suicide or assault?
8. Is inmate carrying any medication?
9. Does the inmate have any physical deformities?
10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?
$\bigvee$ a. Allergies $\bigvee$ f. Fainting Spells $\bigvee$ k. Seizures
extstyle  e
$\underline{\mathcal{N}}$ c. Asthma $\underline{\mathcal{N}}$ h. Hepatitis $\underline{\mathcal{N}}$ m. Ulcers
$\underline{\mathcal{N}}$ e. Epilepsy $\underline{\mathcal{N}}$ j. Psychiatric Disorder $\underline{\mathcal{N}}$ o. Other (Specify)
other: - Dreken Fractured wrist /rt.
12. For females only:
a. Are you pregnant?
b. Do you take birth control pills?
c. Have you recently delivered?

LEE COUNTY SHERIFF'S OFFICE 02/01/2006 10:38:42 INMATE BOOKING SHEET PAGE 1 BOOKING NO: 060000564 INMATE NAME: SANFORD JEFFERY BERNARD RACE: B SEX: M HT: 6'01" HAIR: BLK ALIAS: WT: 255 EYES: BRO ADDRESS: 2 #510 CITY/ST/ZIP: OPELIKA, AL 36801 COMPLEX: SSN: HOME PHONE: (CARACTER) DL ST: AL DLN: 5 AGE: 40 DOB: SID: PLCE BIRTH: INDIANAPOLLIS LOCID: 3823 STATE: IN M. STATUS: SINGLE RELIGION: CHRISTIAN GANG ASSOC: NONE SCARS/TATTOOS: NONE KNOWN ENEMIES: NONE REMARKS: NONE ----- NEXT OF KIN -----RELATIONSHIP: FRIEND NEXT OF KIN: JOAN FOREMAN PHONE: 000-864-0973 ADDRESS: SAA CITY/ST/ZIP: , REMARKS: ----- EMPLOYER INFO -----EMPLOYED: N EMPLOYER NAME: SOUTHERN UNION ADDRESS: CITY/ST/ZIP: OPELIKA, AL 36801 PHONE: 334-745-0325 ----- MEDICAL -----HANDICAPPED: Y NEEDS: SMOKE: N GLASSES: N MEDICAL NEEDS: N NEEDS: N PHONE: 000-000-0000 PHYSICIAN: REMARKS: FRACTURED WRIST, REMARKS: ALLERGEIC TO PENNCILLIN, WASP STINGS, BEE STINGS ------ PROPERTY -----\$00.00 CASH: DESCRIPTION: ADD. PROPERTY: WALLET, BELT, HAT, JACKET, DU RAG, ADD. PROPERTY: ADD. PROPERTY: BIN NUMBER: 193 VEH IMPOUNDED: IMPOUND LOT: REMARKS: REMARKS: I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE. DATE: INMATE/ DATE: D-1- & TIME: WY BOOK OFFICER: DRULL

LEE COUNTY SHERIFF'S OFFICE	
32/01/2006 10:38:42 MEDICAL SCREENING FORM PAGE 1	===
======================================	
Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex: M  DOB: DOB: Age: 40 SSN: Height: 6'01" Weight: 25	5 
1. Is inmate unconscious?	n
2. Does inmate have any visible signs of trauma, illness, obvious pai and bleeding, requiring immediate emergency or doctor's care?	
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?	
4. Any signs of poor skin condition, vermin, rashes or needle marks?	
$\mathcal{N}_{-}$ 5. Does inmate appear to be under the influence of drugs or alcohol?	
$\mathcal{N}_{-}$ 6. Any visible signs of alcohol or drug withdrawal?	
$\mathcal{N}$ 7. Does inmate's behavior suggest the risk of suicide or assault?	
8. Is inmate carrying any medication?	
9. Does the inmate have any physical deformities?	
10. Does inmate appear to have psychiatric problems?	
11. Do you have or have you ever had or has anyone in your family ever had any of the following?	
f. Fainting Spells k. Seizures	
b. Arthritis g. Hearing Condition 1. Tuberculosis	
c. Asthma h. Hepatitis	
d. Diabetes i. High Blood Pressure n. Venereal Disea	
e. Epilepsy / j. Psychiatric Disorder / o. Other (Specify	)
Other:	

12. For females only:

a. Are you pregnant?

b. Do you take birth control pills?

02/01/200	LEE COUNTY SHERIFF'S OFFICE 06 10:38:42 MEDICAL SCREENING FORM PAGE 2	
	Jo: 060000564 Date: 02/01/2006 Time: 10:29 Type: NORMAL Bill: LEE COUNTY Facility: COUNTY JAIL	====
	me: SANFORD JEFFERY BERNARD Race: B Sex: M OB: 40 SSN: 5 Height: 6'01" Weight: 255	5 
<u>VAS</u> 13.	Have you recently been hospitalized or treated by a doctor?	
UCS 14.	Do you currently take any non-prescription medication or medication prescribed by a doctor?	1
15.	Are you allergic to any medication?	
<u> </u>	Do you have any handicaps or conditions that limit activity?	
17.	Have you ever attempted suicide or are you thinking about it now?	
18.	Do you regularly use alcohol or street drugs?	
<u>M</u> 19.	Do you have any problems when you stop drinking or using drugs?	
20.	Do you have a special diet prescribed by a physician?	
21.	Do you have any problems or pain with your teeth?	
<u>↓</u>	Do you have any other medical problems we should know about?	
,	Peniallin	
	adon Canar	
	•	
	THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE	
RUE AND AC	CURAIR	
NMATE:	DATE: TIME:	
OOK OFFICE	DATE: TIME:	_

07/18/2003 14:15:	28 INMAT	Y SHERIFF'S C E BOOKING SHE	EET	PAGE 1
BOOKING NO: 03000311				
CITY/ST/ZIP: OPELIKA HOME PHONE: DOB: PLCE BIRTH: INDIANA STATE: IN M. STATUS: MARRIED RELIGION: CHRISTI GANG ASSOC: NONE SCARS/TATTOOS: NONE KNOWN ENEMIES: NONE	A, AL 36801 5 AGE: 37		RACE: B HT: 6'01" WT: 255 COMPLEX: SSN: DL ST: AL SID: LOCID: 3823	HAIR: BLK EYES: BRO
REMARKS: NONE	NEΣ	KT OF KIN		
NEXT OF KIN: BARBA ADDRESS: SAA CITY/ST/ZIP: , REMARKS:	RA SANFORD			000-000-0000
EMPLOYED: Y EMPLOYER NAME: SANFORMADDRESS: CITY/ST/ZIP: OPELIA PHONE: 334-53	RD& SON'S CONTRAC KA, AL 36801 24-7600	CTOR		
HANDICAPPED: Y NEI GLASSES: N SMO MEDICAL NEEDS: N NEI PHYSICIAN: REMARKS: FRACTO	EDS: OKE: N EDS: N	PHONE: 000-00		
REMARKS: ALLERO REMARKS:	GEIC TO PENNCILLI	·	GS, BEE STINGS	
CASH: DESCRIPTION: DD. PROPERTY: PAPERS DD. PROPERTY: DD. PROPERTY: BIN NUMBER: WHIT E EH IMPOUNDED: IMPOUND LOT: REMARKS: REMARKS:	G, BLK BILLFOLDER		DU-RAG, KEYS	
HAVE READ THE ABOVE NFORMATION, MONEY, A	NO OTHER PROPERTY			

LEE COUNTY SHERIFF'S OFFICE 07/18/2003 14:15:30 MEDICAL SCREENING FORM PAGE 1	
Booking No: 030003117 Date: 07/18/2003 Time: 13:56 Type: NORMAL  Agency to Bill: LEE COUNTY Facility: COUNTY JAIL	====:
Inmate Name: SANFORD JEFFERY BERNARD Race: B Sex:  DOB: 12,50,1903 Age: 37 SSN: 350 Height: 6'01" Weight:	
1. Is inmate unconscious?	
2. Does inmate have any visible signs of trauma, illness, obvious pand bleeding, requiring immediate emergency or doctor's care?	ain
3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?	
4. Any signs of poor skin condition, vermin, rashes or needle marks	;?
5. Does inmate appear to be under the influence of drugs or alcohol	.?
6. Any visible signs of alcohol or drug withdrawal?	
7. Does inmate's behavior suggest the risk of suicide or assault?	
8. Is inmate carrying any medication?	
9. Does the inmate have any physical deformities?	
10. Does inmate appear to have psychiatric problems?	
11. Do you have or have you ever had or has anyone in your family ever had any of the following?	
$\frac{1}{2}$ a. Allergies $\frac{1}{2}$ f. Fainting Spells $\frac{1}{2}$ k. Seizures	
${ ullet}{{ ullet}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}$	
$\underline{\mathcal{N}}$ c. Asthma $\underline{\mathcal{N}}$ h. Hepatitis $\underline{\mathcal{N}}$ m. Ulcers	
	ease
$\underline{\mathcal{N}}$ e. Epilepsy $\underline{\mathcal{N}}$ j. Psychiatric Disorder $\underline{\mathcal{N}}$ o. Other (Specif	īy)
other: Tractured wrist /rt.	
12. For females only:	
a. Are you pregnant?	
b. Do you take birth control pills?	
c. Have you recently delivered?	

MEDICATION A

Lee County Detention Center MATE REQUEST SL.

MEDICATIO Levin Cy family brins	Special Visit	☐ Doctor ☐ Dentist ☐ Personal Problem	LOCATION 4-2-06  Time Sheet	29 20 21 20 29 30 31 g
	Triple An	Jobiotic Dintment  Scar I have	to on my	25 26 27 28 29 30 31 20 20 20 20 20 20 20 20 20 20 20 20 20
	Do Not Write Below This	•		25 26 27 28 29 30 31 25 26 27 28 29 30 31
	ApprovedAll Request Will Be Route Those The Request is Dir	d Through The Sergeant Over The Jail,	ollect Call	25 26 27 28 29 30 31 25 26 27 28 29 30 31
THE STATE OF THE S	Lieutenant	Chief Deputy Time Received	Sheriff	25 26 27 28 29 30 31 5 26 27 28 29 30 31 5 26 27 28 29 30 31
	CORRECTION OFFICER	3 4 5 6 7 8 9 10 11 12 13 14 15	FORM: LCS-038 (6/99)	5   26   27   28   29   30   31     5   26   27   28   29   30   31     5   26   27   28   29   30   31     ≥ 5   26   27   28   29   30   31     ≥ 5   26   27   28   29   30   31
TING FOR	THROUGH			
ian Matarla	плоси	Telephone No.		Medical Record No.
ysician ///////	N/	Alt. Telephone		For N WE SUNG
es ·		Rehabilitative Potential		
, sis	•	Λ	•	•
dicaid Number Med	ficare Number Ap	proved By Doctor:	Maritile: UPA	Date
DENT Sanford	, Jeffery D.O.		Patient Code	Admission Date

# LEE COUNTY DETENTION CENTER MEDICAL CHARGE FORM

(FORM #33)

INMATE NAME SON FOR THE TELESCOPE RACE/SEX B/M
SOCIAL SECURITY# CELL F-4

### \*\*\*SERVICES & FEES\*\*\*

☐ SICK CALL
☐ DOCTOR VISIT
☐ DENTIST VISIT
☐ PRESCRIPTION
☐ FOLLOW UP VISIT

\$10.00 Flagyf \$10.00 Naprosar 3 \$3.00 Flexer

TOTAL OF MEDICAL SERVICES
RENDERED

s 900

## MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signatu	re & Date	Khan_	4/1/06	
Inmate Signature & Date	(OPau			N C
<u></u>				

Inmate Account Payable Clerk Signature & Date

□ PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

**TPLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.** 

# Lee County Detention Central INMATE REQUEST SLIP

			F-6
1	0 ( 5.0		LOCATION
Name <u>UEFTERY</u>	B. SANFORD	Date _	5-15-06
Telephone Call	☐ Doctor	Dentist	Time Sheet
Special Visit	Personal Problem		Other
Briefly Outline Your Req	uest. Give To Jailer		
REQUE	ST FOR TOO CONSIDER,	JH-ACHE	MEO,
PLEASE	CONSIDER,	IN PAIN	¥
DROEL	OR AMBGOL		
1		THANK	Yan
Do Not Write Below This 5/14/00 Ty	lenal + olage	g sevi Le Gnitti	
	104.	C CITIVA.	
Approved	Denied	Co	ollect Call
All Request Will Be Rout Those The Request is Di	ed Through The Sergeant ( rected.	Over The Jail, T	hen Forwarded To
Lieutenant	Chief Dep	outy	Sheriff
Date	Time Received		
	₹		

•	e County Dete		
/	S. STEWAR	•	F-6
Name VEFFERY	B. SANFOR	Date _	5-16-0
Telephone Call	Doctor	Dentist	☐Time S
Special Visit	Personal Problen	- (	Other
Briefly Outline Your Ro	equest. Give To Jailer	MS, ST	EWARI
Cours	I PLEASE	KAUE S	OMETHIN
TO TAKE	FOR A TOOT	H-ACHE,	PLEASE.
	AS POSSIT		
		THANK '	404.
Do Not Write Below T	nis Line - For Reply Only		٠
3/1//06	11 /1) 6	This y	wm
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	(n)	15. Sle	4200
	77		
Approved	Denied	Co	ollect Call
All Request Will Be Ro Those The Request is	outed Through The Sergea Directed.	nt Over The Jail, T	hen Forwarded To
Lieutenant	Chief	Deputy	Sheriff
Date	Time Recei	/ed	
¬ECTION OFFIC	ER		FORM: LCS-038

FORM: LCS-038 (6/99)

	эе County <b>ИАТЕ R</b>			
MS. STEW		-		
Name JEFFERY				LOCATION
Telephone Call	Doctor		☐ Dentist	Time Shee
Special Visit	Personal F	roblem		Other
Briefly Outline Your Rec	quest. <u>Give To Jai</u>	ler		
MAY I	PLEASE 1	HAVE	Someti	tiNG TODAY
, <b>, ,</b>				H RCHE,
AND AN	APPOINT	MENT	TO Si	EE ONE OF
THE NURS	ES CONC	ERNIN	JG Son	ne Type of
PRESCRIP		_		
REMOVE.	PLEASE C	CONSI	DER	
				erk You.
Do Not Write Below This	Line - For Reply	Only	Sen	+ You.
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Dun Dron	tod	140	w're	1) our
78 See	Deal	Buy	on /	11
			0	
	N	46	Dec	
Approved			Col	lect Call
All Request Will Be Route Those The Request is Dir		ergeant Ove	er The Jail, Th	nen Forwarded To
Lieutenant		Chief Deputy	/	Sheriff
Date	Time F	Received		

CORRECTION OFFICER \_\_\_\_\_